**FORMATO No. 1**

**FORMATO PARA CERTIFICAR LA DISCAPACIDAD ÚNICAMENTE VÁLIDO PARA EL PROGRAMA DE PROTECCIÓN SOCIAL AL ADULTO MAYOR HOY COLOMBIA MAYOR**

## I. INFORMACIÓN GENERAL DEL CERTIFICADO

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| Fecha de expedición |  |
| Ciudad de expedición |  |
| Departamento de expedición |  |

### II. INFORMACIÓN GENERAL DE QUIEN ELABORA EL CERTIFICADO

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| Apellidos |  |
| Nombres |  |
| No. de Tarjeta Profesional [[1]](#footnote-1) |  |

### DATOS PERSONALES DEL ADULTO MAYOR

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| Apellidos |  | | | | | | | | | |
| Nombres |  | | | | | | | | | |
| Documento de identidad | CC | Otro | | No. | | | | | | |
| Fecha de Nacimiento |  | | | | | | | Edad |  | |
| Genero | Masculino | | | | | Femenino | | | | |
| Estado Civil | Soltero | | Casado | | Viudo | U.L. | Separado | | | Otro |
| Escolaridad | Primaria | | Secundaria | | Técnico | Univ. | Analfabeta | | | Otro |

### FUNDAMENTOS DE LA CERTIFICACIÓN

## RELACIÓN DE DOCUMENTOS

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| **DOCUMENTO** | **SE TUVO EN CUENTA** |
| HISTORIA CLÍNICA COMPLETA |  |
| EPICRISIS O RESUMEN DE HISTORIA CLÍNICA |  |
| EXÁMENES PARACLÍNICOS |  |
| OTROS |  |

**CONCEPTO PARA VALORACIÓN DE LA DISCAPACIDAD**

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### RESPONSABLE DEL CERTIFICADO

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1. O nombre de la Universidad si se encuentra realizando el servicio social obligatorio [↑](#footnote-ref-1)